



TRAINEE EYE

11th Edition | March 2019

The Faculty of
Intensive Care Medicine

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NEWS & EVENTS

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WELCOME FROM THE LEAD TRAINEE

Dr Andrew Ratcliffe

Lead Trainee Representative

Welcome to the 11th Edition of Trainee Eye (TE)! As I write this, many of you will be in the midst of balancing WPAs, ARCPs, FFICM revision, as well as managing the ever-increasing winter pressures that face us at this time of year. The Faculty recognise the burden that this places upon us as individuals and as a specialty. We are extremely lucky to have a strong ethos of support and pastoral care within the Intensive Care community, which is reflected in the great steps the Faculty is taking to improve trainee support and wellbeing.

This issue of TE focuses on some of the support available to us in promoting resilience within the workplace. Dr Mitchell and Dr Armstrong report on their experiences in the North of England running the inaugural Working Out Wellbeing (WOW) conference. The Women in Intensive Care Medicine group is now firmly embedded within our Faculty and will be working this year on a project to promote mentoring within FICM. Dr Williams updates us on their latest news and highlights what we can look forward to at their forthcoming meeting. I would also like to further highlight the newly created Wellbeing Centre of the Careers, Recruitment and Workforce website, which offers further support and guidance on this important topic.

After feedback from trainees approaching the end of training, I am pleased to highlight the new section of the FICM website designed to guide trainees through the daunting last few months of training, specifically looking at what paperwork should be in place in preparation of final ARCPs. Dr Hart, a newly appointed Consultant in Anaesthesia and Intensive Care Medicine, supplements this with his top tips for completion of training.

As one of our least represented areas amongst trainees, Dr Ng discusses her experiences as a Dual Trainee in Renal Medicine and ICM. The shape of ICM is changing, whereas it was traditionally the remit of anaesthesia, we now have increasing numbers of single ICM trainees, as well as those taking Dual CCTs in Renal and Emergency Medicine. This reflects the increasingly diverse group of individuals that are attracted to pursue careers in our specialty. Yet, as with any change, this brings with it some new challenges, as Dr Ng examines.

I am also very pleased to welcome Dr Richard Benson as the new Deputy FICM Trainee Representative at FICM. We are already working hard to respond to your comments and queries and improve the nature of our training. We look forward to sharing some new and exciting projects that we plan to implement over the coming months. In addition to our commitments within the Faculty, we also respond to other national training committees and consultations on behalf of Intensive Care Medicine Trainees. We rely on your feedback to help raise concerns and implement change, so please feel free to contact either of us with any local or national issues that you would like us to look into further.

Trainee Eye is written for ICM Trainees. It aims to offer insight into new developments at the Faculty, curriculum updates, draw attention to new opportunities and experiences, as well as support and guide trainees through their careers. As ever, we welcome any feedback, positive as well as negative, about training, issues in your region or any other concerns you may wish to be addressed at a national level. Please feel free to contact me at andy.ratcliffe@doctors.org.uk and I will help as best I can.

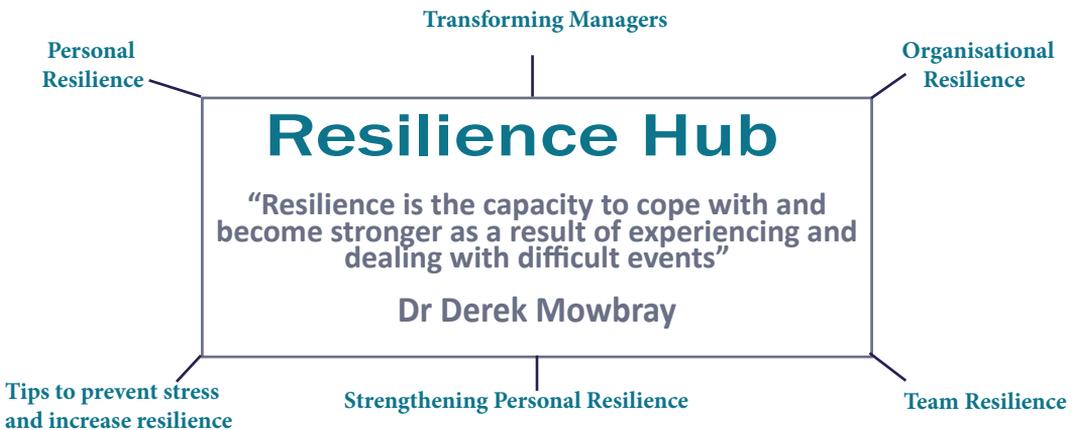
WELLBEING CENTRE

In keeping with the work FICM are doing in creating sustainable, lifelong careers in ICM, this issue of Trainee Eye focuses on burnout and resilience in the workforce. One of the newest additions to the Careers, Recruitment and Workforce section of the FICM website is the "[Wellbeing Centre](#)." A hub of information, regularly updated, that aims to offer you ways of managing the challenging working environments that we often face.

Dr Laura McClelland, a senior trainee in Swansea and one of the national leading figures in raising awareness of fatigue within the medical workforce, has kindly provided some of her webcast material for us to use. Laura has done a huge amount of work to highlight how we can better manage our working lives to minimise the impact of regular night shifts.

“ Dr Laura McClelland talks about fatigue and its impact on safety and health. She encourages us to consider how to minimise our own fatigue by achieving better quality rest and mitigating circadian rhythm disruption with the aid of useful devices and techniques.

We are also hugely grateful to Dr Derek Mowbray who has provided the Faculty with a number of broad ranging articles on how to develop our resilience to cope with some of the high-pressure situations that we may find ourselves in.



The Faculty are also working hard to address the broader issues relating to recruitment and workforce planning, as clearly these are also fundamental to our wellbeing in the long term. Further information on what is currently in progress can be found in the [Workforce](#) section of the website.

DUAL TRAINING WITH RENAL MEDICINE

Dr Sarah Ng

Specialty Trainee in Renal Medicine and Intensive Care Medicine and Clinical Research Fellow at Oxford

How this somewhat unconventional dream came about was when I did both Renal and ICM jobs in my F2 year and found myself loving both specialties. I completed Core Medical Training as an NIHR academic

clinical fellow in Health Education North West and proceeded to apply for my Renal ST3

job followed by my ICM training number the year after. I have now completed my Stage 1 training and have been lucky enough to be granted out of programme time as a Clinical Research Fellow at the University of Oxford working on the EMPA-KIDNEY trial. My training pathway has been fraught with uncertainties, and I have frequently come across comments about how “ICM will always be an anaesthetic-based specialty” or how “you will never be able to find a job plan that will work across two

separate directorates”. Everything was new and scary when I first started

ICM, and even after completing my anaesthetics complementary skills year there are still times when I find myself nervous about being called to airway emergencies. Thankfully, I have had very supportive educational supervisors who have encouraged me every step of the way and who worked hard to help me address areas that I felt I needed more work on.

“Thankfully I have very supportive educational supervisors who have encouraged me every step of the way

“It isn’t an easy route, but as long as you are willing to wrk hard to overcome the challenges, I believe doing these two specialties works well

As with all dual training programmes, I find that one has to be incredibly motivated and self-directed, as no one knows better than your what your learning needs are. My Training Programme

Director,
Head of
School and
Regional
Advisor
have been

incredibly supportive in ensuring that my training needs are met. I think the key is being vocal about what you think works for you. It isn’t an easy route, but as long as you are willing to work hard to overcome the challenges, I believe doing these two specialties works well and can be incredibly rewarding. There is such a need to better integrate Renal and Intensive Care services and I believe that upon completion of training I will be well-placed to work to implement changes to improve this service

and improve communication between the two specialties. I am very excited about my research programme

too, as I believe that the skills I will learn about running large multi-centre randomised controlled trials will help me design and hopefully run similar scale Intensive Care Medicine trials in the future. I do hope to see more Renal and Intensive Care dual trained colleagues in the future, and am very willing to answer any questions anyone might have about the training pathway. Please contact me at contact@ficm.ac.uk.

IT'S CANNY UP NORTH

Dr Claire Mitchell ST4, Dual trainee in Anaesthetics and Intensive Care Medicine

Dr Louise Armstrong ST6, Dual trainee in Anaesthetics and Intensive Care Medicine

Northern School of Anaesthesia and Intensive Care Medicine ICM trainee representatives

The topic of wellbeing and its impact on the working lives of medical and allied health professionals is being increasingly recognised. However, the concept of wellbeing and what it means on an individual level is hard to specify. Judging by the number of definitions and websites referring to wellbeing and the achievement of such, it is clearly a complex topic that will mean different things to everyone. Increasing recognition of the effects of stress, mental health and burnout on the NHS workforce and subsequently the impact this has on patient care has prompted NHS Employers, Health Education England (HEE), the GMC and a number of the Royal Colleges to take note. NHS Employers have published the 'NHS Health and Wellbeing Framework'(1), HEE have published the 'NHS Staff and Learners' Mental Wellbeing Commission'(2), and the GMC included questions in the trainee and trainer's survey on wellbeing and burnout for the first time in 2018.

Faced with rota gaps, difficulties with recruitment, emerging evidence surrounding the impact of fatigue and awareness of burnout amongst trainees, the Northern School of Anaesthesia and Intensive Care Medicine (NSAICM) Trainee Committee decided to develop a study day focusing on raising the awareness of wellbeing. We wanted to give trainees and consultants a platform to learn about wellbeing and develop skills to better understand and tackle any issues they may be facing or recognise in colleagues. Following our second successful 'Working Out Wellbeing' (WOW) conference, we have learnt a lot and heightened awareness of this important topic in our region.

What the day involved

This year followed a similar format to our initial WOW conference in 2018, with a varied programme of talks and workshops held in the education centre of one of the large teaching hospitals in the region. Following feedback from last year, we aimed to diversify the audience and topics to appeal to the wider multidisciplinary team. In total, 25 Allied Health Professionals (AHPs) including nursing staff and Advanced Critical Care Practitioners (ACCPs) attended, alongside 27 medical consultants and 32 medical trainees.

The programme started with a talk covering the difference between compassion and empathy by Dr Sachin Rastogi, which was very thought provoking and gave insight to how these concepts differ and affect us in our daily practice. A quote from one attendee: "this lecture made me really think about how the sadness that we see at work impacts me emotionally and made me re-evaluate how I could change my practice to look after my own wellbeing whilst still caring for patients and families effectively." Clearly this is something those of us working in the intensive care setting will experience. Dr Rastogi offered insight into coping with these feelings.

Dr Caroline Elton, a renowned health psychologist who has written the book, 'Also Human: The Inner Lives of Doctors,' was our keynote speaker with a talk about the struggles we face in our careers. Interestingly, Dr Elton spoke about career suitability and how we decide on our specialty including whom we seek guidance from and what resources are available for support and when facing difficulties.

Specialty selection is something we received little guidance on at medical school or in our initial years of practice and is presumably similar in many places across the country. Hopefully, with recent recruitment drives (including #DiscoverICM) and raising awareness of different specialties, this will have improved over recent years.

Following lunch, Professor Mike Trenell covered 'How to stay young', the impact of lifestyle and how the simple choices we make affect our longevity and quality of life. Our own highly regarded Dr Nancy Redfern concluded the lectures with an entertaining talk about the impact of ageing on our careers and the ageing workforce.

Though we had some great speakers at WOW 2018, what we learnt from the feedback was how much the attendees appreciated hearing "Tales from the Frontline" from their colleagues. This year's session included a trainee talking about dealing with the impact of suicide whilst being a medical student and how this influenced becoming a doctor and a parent themselves. Two local intensive care nurses then spoke about their experiences. The first spoke about the impact of working in neurointensive care on the resilience of her staff, how they deal with families and the trauma they regularly face. The second spoke about working on a unit treating transplant and haematology patients and the wellbeing resources that were developed following attendance at our conference last year. These sessions are particularly valued as attendees gain insight into the lives of their colleagues, THE stresses individuals face outside of work and how they can support them.

The second part of the day included a variety of workshops of which attendees could select two. The sessions included yoga, Pilates, financial wellbeing, bike maintenance, burnout and mindfulness. Taster mentoring sessions were also available and provided by members of North East Mentoring Organisation (NEMO). Interestingly, there was a high uptake by our consultant colleagues. Clearly the continuation of mentoring and coaching as described by Dr Suzy O'Neill (3) in the last issue of Critical Eye are important to continue into our consultant careers, yet the facilities or awareness of need may currently be limited.

Finishing touches

Feedback from the first conference was invaluable in planning the second; most notably this year we were careful not to overschedule the timetable, enabling more time for questions and discussion. We also applied for CPD points from the Royal College of Anaesthetists (RCOA) that were approved as an additional bonus for those attending.

In keeping with the ethos of the day, a delicious lunch was provided by a local community interest company 'The Thought Foundation', and we organised stalls from Neal's Yard and Clarins who provided taster massages. In our first year we distributed goody bags to attendees however, this year attendees were given a WOW notepad, pen and NEOM pillow mist sample that was very generously donated. A parent and child room was also provided that enabled those without childcare and those on parental leave to attend.

Once again, the Working Out Wellbeing day was extremely well received and we were particularly pleased with the positive feedback:

"WOW 2019 was well organised with useful workshops for everyone. The talks were very apt and stimulating. It's always nice to have some time dedicated to your own wellbeing, more so with a group of people who are working towards looking out for each other. Can't wait for next year's WOW day already."

The day has been discussed at regional training meetings and by the Postgraduate Dean of Health Education England North East (HEE NE). Other specialties have also become interested in setting up similar days. WOW was made possible by the generous support of HEE NE, NSAICM, the MDU and private sponsors including two local financial advisors Co-Navigate and Penda Financial, which enabled us to offer the whole study day for a modest cost.

We have already started planning WOW 2020 and hope to expand the workshops available to include some suitable for those attending with children e.g. taster art and music therapy sessions.

NSAICM also set up and run an annual cycling challenge, the 'Northern Anaesthetic Pedal' (NAP), and a summer social for all medical staff and AHPs in theatres and intensive care units across the region and their families. Both events are really well attended and allow people to mix outside of work, relax and meet each other's families. Through these events, we hope to keep awareness of the importance of wellbeing going throughout the year. The World Health Organisation (4) defines wellbeing as "a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community." Hopefully, through our wellbeing study day, NAP and the summer party, we are doing our little bit to help our colleagues achieve 'wellbeing'.

References

1. NHS Employers, 2018. NHS Health and Wellbeing Framework: <https://www.nhsemployers.org/case-studies-and-resources/2018/05/nhs-health-and-wellbeing-framework>
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3. O'Neill, S, 2019. Coaching For Success. *Critical Eye*, (15), pp.30-31.
4. World Health Organisation, 2014. Mental health: a state of well-being: https://www.who.int/features/factfiles/mental_health/en/

PREPARING FOR YOUR CCT

Dr Peter Hart

Consultant in Anaesthesia and Intensive Care

Progress through the training programme is marked by reassuringly familiar cycles of induction, supervisory meetings and ARCPs. In contrast, approaching the end can feel like falling off the end of the conveyor belt. The Faculty have recently released some helpful guidance to the administrative aspects of completing training and gaining entry onto the GMC Specialist Register (<https://www.ficm.ac.uk/trainees/completion-training-and-cctcsr-cp-guidance>). To accompany this, there are a few bits of advice I feel are worth passing on, as someone who has recently claimed their Dual CCTs in anaesthesia and intensive care medicine.

- From early in your training, keep track of your own expected CCT date and the curriculum requirements needed to get you there, and make sure you keep in touch with your Training Programme Directors (TPDs) about any potential challenges. Dual trainees are more likely to be on the receiving end of changes

or uncertainties about their CCT dates, due to double counting of training time and differences in arithmetic between deaneries/TPDs and the Faculty or College. My own CCT date was brought forward and then changed back over a period of 3 months within my last year of training, meaning I was unexpectedly eligible, and then suddenly ineligible, for a consultant post I was interested in – requiring a frustrating withdrawal from the application process after being shortlisted.

- In your last 18 months of training, sign up to the NHS Jobs website (<https://www.jobs.nhs.uk/>) and have a look at person specifications for the sort of consultant jobs you would be interested in. Now is the time to fill in any gaps remaining on your CV and to ensure you have any outstanding projects tidied up before application time. Remember you can apply for a job providing the interview date falls within 6 months of your CCT date.

- Your final ARCP will generally be within 3 months of your CCT date. Ensure you have checked any specific requirements in terms of documentation for this ARCP e.g. you may need to upload all previous ARCP outcomes to your ePortfolio.
 - Assuming all goes well and you receive an Outcome 6, your Stage 3 certificate would normally be issued at or around this time. You, rather than the deanery, then have responsibility for notifying FICM (and your partner college, if applicable) of your imminent completion of training. This is done, for FICM and RCoA, using a Notification of Completion of Training Form (downloadable from their respective websites). You need to fill in these forms and then have them signed by the relevant Regional Advisor or TPD – so you may as well have this done at your final ARCP rather than chasing them up afterwards.
 - Shortly after submitting these forms, you should receive a copy from your College or Faculty of your recommendation letter to the GMC; this can be used in lieu of your actual Certificate of Completion of Training, if needed, for interview or HR purposes.
 - Despite repeated reminders from all parties that it is (also) your responsibility to apply to the GMC for your CCT, it is not actually possible to apply until the GMC send you an email invitation to do so. This usually happens within a few days of receiving the recommendation letter. The online GMC application process is both painless and devoid of satisfaction, although the £420 fee is tax-deductible.
- Although this process seems a little tortuous, it should not take much time away from the more important things like completing final competencies, finishing off projects, and actually applying for a consultant job. Once done, you will be the proud owner of a somewhat underwhelming-looking but highly esteemed bit of paper that will be the foundation of the rest of your career – well done!

LESS THAN FULL TIME TRAINING

Dr Nia Williams

WICM Representative

“Why would you want do pursue a career in ICM?!” I’m sure many of us can relate to that question! Many people still believe ICM is male dominated, a difficult environment and blighted by burnout. In reality, ICM is an advancing, exciting and dynamic specialty. There is an opportunity for work-life balance, whilst working in supportive environment that is fulfilling, challenging and rewarding.

Women in Intensive Care Medicine (WICM) is a subcommittee of the Faculty of Intensive Care Medicine’s Careers, Recruitment and Workforce Committee. We are a group of ICM doctors (trainees and consultants) based all over the UK. We all have very different career paths and lifestyles. We want to promote ICM as a career choice, irrespective of gender.

WICM remains in its infancy. However, we have goals and visions on what we hope to achieve. Our aim is

to ‘educate and recruit’ by raising the profile of ICM to undergraduates and postgraduates. We want to support trainees and colleagues within the specialty, whilst removing barriers and dispelling myths related to ICM training. Most of all, we want to create a community that is supportive for everyone wishing to pursue a career in ICM. This is an essential element to maintain high quality care for our patients, the sustainability of our specialty, and to ensure a work environment that is conducive for learning and working.

But how?

We are busy creating a ‘Mentor Network’ for intensivists. Mentoring is undoubtedly a benefit to individuals at all career stages. We will match people to suitable mentors, to facilitate guidance and support for those pursuing a career in ICM.

We felt there was a lack of information on what the daily routine of an ICM trainee and consultant involved.

Therefore, we have a collection of career stories, 'Day-in-the-life' blogs, real-life job plans as well as career resources - all of which can be found on the FICM website. WICM also has a social media presence on Twitter (@WomenICM). If there is anything that you would like to see, read about or have any suggestions, we would love to hear from you.

A successful career in ICM can take many forms and by raising the profile of women working within ICM in the UK, we aim to normalise the idea that ICM is a career for everybody, and work-life integration is realistic and achievable.

Last but not least...

WICM have lots of plans in the pipeline, but we very are excited to announce that we have helped to develop the upcoming event - 'Striking a Balance' - on 27 September 2019. Details can be found on the [FICM website](#) and @WomenICM. As with the majority of our work, the audience is not intended to be solely women. The issues being covered are of interest to all trainees (and all members of the critical care team). Hope to see you all there!

TRAINEE SURVEY RESULTS

Thank you to all those who completed the 2018 FICM Trainee Survey. The 68% response rate is yet again an increase on the previous years' feedback. Your responses are key to guide the future direction of training and are really taken very seriously! It is only through your feedback that the Faculty can address areas within our training that concern us the most. So, thank you again to those of you who replied and populated the free text spaces.

I would encourage you to read the full, [Quality of Training Annual Report](#) and engage in both the GMC and FICM surveys as these drive change within our specialty.

The key highlights are outlined below:

- There remains a high degree of satisfaction about the specialty amongst ICM trainees – in line with previous years.
- There is variability in the delivery of the medical attachment in Stage 1, with this generating the highest degree of dissatisfaction amongst trainees.

- There remains issues in Stage 2 between balancing assessment burden with exams and clinical experience – many of these issues will be addressed in the new curriculum, due in 2020.

- Many trainees have requested greater flexibility in the timing of FFICM examinations – this is being addressed by the Training, Assessment and Quality Committee and submissions will be made to the Examinations Committee to address these concerns.

- The extent of local training has improved considerably over the last year according to the GMC survey.

We recognise that many of you are inundated with various requests for feedback and may experience "survey fatigue," but please do keep an eye out for the next FICM Trainee Survey. While the GMC survey provides a snapshot of training at one point in the year, the FICM survey looks at training throughout the year and provides a hugely valuable insight into training across the board that enables us to adapt and implement changes for future trainees.

CURRICULUM UPATE

I am pleased to report that the curriculum update is making positive progress. In the new re-write, there are a number of High-Level Learning Outcomes (HiLLOs) that describe what trainees are expected to achieve at key progression points within training. There will be 14 HiLLOs in total – 10 specialty specific and 4 non-specialty specific that have been agreed by the Training, Assessment and Quality Committee. The specialty specific outcomes describe what doctors must be able to do in order to practice independently as an ICM specialist, whilst the non-specialist outcomes focus on non-clinical skills such as teaching, management, ethical and legal considerations and the wider NHS structures. The aim is to submit the finalised curriculum to the GMC for approval in Q1 of 2020.

Changes to Internal Medicine Training (formally Core Medical Training) mandates IM trainees to undertake a minimum period of 10 weeks ICM training from August 2019. As well as providing them with skills and knowledge to manage acutely unwell patients outside of the critical care setting, we would encourage you to take this opportunity to learn from the wealth of knowledge that these physicians will bring to our wards. It will of course increase the pool of doctors working within ICM and, in time, hopefully translate into increased numbers of doctors training and practicing in ICM.

PICM SUBSPECIALTY

The [ICM CCT Curriculum](#) has been updated to reflect that Paediatric Intensive Care Medicine (PICM) is now a recognised subspecialty of ICM.

The main update relating to PICM can be found in section [2.7 of the ICM CCT Handbook \(Part I\)](#).

Entry into the PICM subspecialty programme is via a competitive national recruitment application process that is overseen entirely by the Royal College of Paediatrics and Child Health (RCPCH) as part of their Grid training programme. ICM trainees will be able to apply for a [PICM Grid training](#) post to gain the subspecialty recognition in September 2019. ICM trainees must have examinations deemed equivalent to a [primary FFICM](#) and have completed ST4 by the time of entry into the Grid.

DUAL GUIDANCE

All of the dual CCT programme guidance (ICM + Acute Internal Medicine, Renal, Respiratory, Emergency Medicine, Anaesthesia) has been updated to reflect recent changes in the various training programmes. All of the updated guidance can be found here: <https://www.ficm.ac.uk/curriculum/dual-cct-guidance>

COMPETENCY SIGN OFF DOCUMENT

The Faculty have created a [guidance document](#) to try to bring in some standardisation regarding what is acceptable for ICM competency sign off.

Please share this document with other trainees and those involved in training. The first key message is that a single assessment can be linked to multiple competencies, which reflects the complex nature of the patients we see. Examples are given in the document, and show how one case could fulfil as many as 20 curriculum items! The second (equally as important!) point is that there are many methods to demonstrate that you have fulfilled a curriculum competency. This is especially important for those areas of the curriculum that do not form 'day to day' practice. The guidance lists many alternative methods to WPBA (i.e. e-ICM, courses, reflective entries) and suggests 'hard to achieve' competencies where these could be used. It might be worth printing a copy of this document and keeping it in the offices of your ICU.

GPICS V2 CONSULTATION

The hugely encouraging response to the public consultation in November last year has led to further positive amendments to this important piece of work. Publication is on track for 2019. The Clinical Editors and FICM team are currently busy developing a final version to go out for endorsement.

e-PORTFOLIO USER GUIDANCE

The current guidance for trainees was recently updated. This is available on the FICM website: <https://bit.ly/2xkgElo>

It's also available in your ePortfolio under
-> Help
-> Information
-> User Guides

e-ICM

There is now a website containing all the key information (registration, module content, release dates) about this resource: <https://bit.ly/2cWvuSb>

REFLECTIVE PRACTICE

In March 2018, in response to the Bawa-Garba case, the Academy of Royal Medical Colleges published interim guidance on Reflective Practice. After further consultations between the Academy, the Conference of Postgraduate Medical Deans (COPMed) and the GMC, a more comprehensive guide has now been published, this supersedes the previous documents. Reflective practice forms a major part of your continual professional development. I would encourage you to read the latest guidance available on the FICM website [here](#).

The Lead and Deputy FICM Trainee Representatives sit on the Academy's Trainee Doctors Group Committee to ensure your broader training needs are highlighted to all key stakeholders. Please get in touch with Andrew or Richard if you have any issues that you would like to be raised.

FFICM EXAM INFORMATION

The next sitting of the **FICM MCQ** examination is 9 July 2019, with applications opening on **15 April 2019 and closing on 13 June 2019**. As of January 2019, the format of the examination has now changed to include 50 MTF and 50 SBA questions answered over 3 hours. For more information and example questions, visit the [FICM examination](#) page on the website.

The next sitting of the **FICM OSCE/SOE** is **15-16 October 2019**. Applications for this examination open on 8 July 2019 and close on 29 August 2019.

Details about the FFICM examination, including the regulations and fees can be found here: <https://bit.ly/2xwQtHg>

SENSE ABOUT SCIENCE

Sense and Science are launching the next phase of the [Ask for Evidence](#) campaign and they are recruiting 20 ambassadors to lead the campaign. Becoming an ambassador is an opportunity to encourage others to engage with these issues by giving talks, running activities and encouraging others to Ask for Evidence.

CRITICAL EYE

The latest, Critical Eye is now available on the FICM website. This issue can be found [here](#).

If you would like to contribute to future issues (the next one is out in July 2019) please get in touch at contact@ficm.ac.uk



FACULTY PUBLICATIONS

Our recent Faculty Publications can be found [here](#)

END OF LIFE MATTERS!

2019 FICM ANNUAL MEETING

Thursday 13th June 2019

£180 (£90 for trainees & nurses)

9:15am	REGISTRATION
9:45am	WELCOME <i>Dr Carl Waldmann, Faculty Dean</i>
10:00am	HELP! I NEED SOMEBODY The relatives' perspective <i>TBC</i>
10:30am	TRUST ME I'M A DOCTOR Decision making in End of Life Care <i>Dr Chris Bassford, Consultant in ICM, EoWLP.</i>
11:00am	WEAK AT THE KNEES! Frailty Assessment <i>Professor Martin Vernon, National Clinical Director for Older People and Integration</i>
11:30am	REFRESHMENTS
11:45am	HOW MANY DEADLY SINS? Legal Considerations <i>Dr Manika Beatty, Consultant in ICM, Lead ICM Regional Advisor for Scotland</i>
12:15pm	GETTING IT RIGHT EVERY TIME End of Life Working Party Guidance Launch <i>Dr Joe Cosgrove, Consultant in ICM, Chair of EoLWP</i>
12:45pm	FACULTY UPDATE <i>Dr Alison Pittard, Faculty Vice Dean</i>
1:15pm	LUNCH
2:15pm	HOME IS WHERE THE HEART IS Getting Home to Die <i>Dr David Smith, ICM Consultant</i>
2:45pm	FORENSIC PATHOLOGY: THE BOOK OF (SOME) REVELATIONS Views from a Pathologist <i>Dr Naomi Carter, Home Office Pathologist, North West Region</i>
3:30pm	CUSTOMER IS ALWAYS RIGHT Public Engagement in End of Life Care <i>Professor Mahesh Nirmalan, Vice Dean, Faculty of Biology, Medicine and Health, University of Manchester</i>
4:00pm	AFTERCARE Views from the Bereavement Centre <i>Ms Margaret Butler, Bereavement Centre Manager, Manchester University Hospitals NHS Trust</i>
4:30pm	CLOSE

Please note that the programme and timings are subject to change.



@FICMNews

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